

# Monthly Aircraft Operations Report

Home Base Airport Id.		Assigned Squadron Charter #		Date Prepared	
Period of this report: MM/YY		A/C Tail Number N		Aircraft Make and Model:	
Crew Chief			Home Phone		
Tach Reading:	Hrs Beg. Period	Hrs End Period	Hrs Period Total	Ending Hobbs: Hrs	
100 Hr. Inspection Due: Hrs			Oil Change Due Hrs		
Pitot/Static Check Due: Date			Annual inspection due: Date		
Transponder Check Due: Date			ELT Battery Replacement Due: Date		
Engine Replacement Due: Tach Hrs			Oxygen - Hydrostatic Test Date: Date		
Prop Replacement Due: Date			Tach: Hrs		

## Flight Times (Hobbs) AF Assigned Reimbursable Categories

A1 AFRCC	A5 SAR/DAR Training
A2 AFNSEP	A6 AFROTC Orientation.
A3 Counterdrug	A7 AF CAPFs 5, 91, NCP, Flight Clinics
A4 AF Special	Total Category A: <input type="text"/>

## Flight Times (Hobbs) AF Assigned Non-Reimbursable Categories

B8 Conferences, Meeting, & Maintnenance	B15 Cadet Orientation CAPF 77
B9 Red Cross	B16 Cadet Training, IACE, & Encampments
B10 FEMA	B17 911T
B11 NOAA & NWS	B18 Non-AF CAP 5, 91, NCP, Flight Clinics
B12 Mission Pilot Proficiency	B99 Other USAF
B13 National MOU Approved	
B14 State/County MOU	Total Category B: <input type="text"/>

## Flight Times (Hobbs) CAP Corporate Categories

C1 Proficiency	C3 Other CAP Flights
C2 State/County non-USAF	
L1 Liaison Officer Flight in Corporate Aircraft	Total Category C: <input type="text"/>

Total Hours Flown This Month (Hobbs):

**FLIGHT CHARGES (HOBBS)**

**TOTAL OF B12, B18, B99, C1, C3**

Hrs

**Aircraft Rate**

\$

**Total**

\$